

Supervised Practice Program Application

All information on this application must be typed.

Date _____

Name _____
(Last) (First) (Middle or Maiden)

Present Address _____
(Street) (Apt #)

_____ (City) (State) (Zip Code) (Phone)

Permanent Address

_____ (Street) (Apt #)

_____ ()
(City) (State) (Zip Code) (Phone)

Telephone number where you can be reached on day of appointment _____
Area Code

Social Security Number _____

Foreign Applicants: Designate Immigration Status _____ Expiration Date: _____

Supervised Practice Entrance Date Preferred _____

Full-time _____ Or part-time (if applicable) _____

Actual or Expected Date Baccalaureate Degree will be/was Conferred _____

Actual or Expected Date Didactic Program in Dietetics (DPD) Requirements will be Completed _____

Education: List all colleges and universities attended, with most recent listed first.

<u>School</u>	<u>Address (City/State)</u>	<u>Dates</u>	<u>Degree</u>
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Recommendations: List the names of all individuals who will complete your recommendation forms.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>

Extracurricular/volunteer activities: List memberships (specify year(s) of membership), appointed or elected offices you held in organizations. Volunteer activities not related to dietetics.

Paid work experience in the past five (5) years (you may include work experience in the past 10 years if applicable to your situation): List all paid work experience beginning with the most recent experience. Do not list experiences that were part of required practicum/field experience. Briefly describe responsibilities.

related to dietetics in the past five (5) years: List volunteer experience related to dietetics, beginning with most recent experience.

1.
Key Responsibilities

2.
Key Responsibilities

3.
Key Responsibilities

4.
Key Responsibilities

5.

Key Responsibilities

Use additional space as needed.

Professional courses: (Include all courses in foods, nutrition, community nutrition, nutrition education, nutrition counseling, nutrition and disease, foodservice systems, management, computer courses etc.) Use additional pages as needed. Identify with a (X) if courses included a lab or practicum component.

Courses to Meet DPD Requirements

[illegible]

Grade point average in above courses (divide grade points by no. of credits): _____

*Must be based on, or converted to, 4 points = A

Physical, Biological Sciences, Mathematics: (Include all science courses, chemistry, physiology, microbiology, anatomy, biochemistry, mathematics, statistics, etc.)

College or University	Course Title	Course No.	Term & Year Taken	No. of Credits	Grade Earned	Grade Point*

Grade point average in above courses (divide grade points by no. of credits): _____

Behavioral and Social Sciences: (Include all courses such as, sociology, psychology, anthropology, economics, political Science, etc.)

College or University	Course Title	Course No.	Term & Year Taken	No. of Credits	Grade Earned	Grade Point*

Totals	Credits	_____	Grade Points	_____
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Grade point average in above courses (divide grade points by no. of credits): _____

Must be based on, or converted to, 4 points = A

Communication Sciences: (Include all courses in writing, speech, foreign language, etc.)

College or University	Course Title	Course No.	Term & Year Taken	No. of Credits	Grade Earned	Grade Point*
Totals			Credits		Grade Points	

Grade point average in above courses (divide grade points by no. of credits): _____

I certify that the information that I have provided in this application is true and accurate and recognize that any false or incorrect statements made herein will be grounds for my dismissal from the program. I understand that I must provide an original copy of a signed Verification Statement substantiating completion of ADA-approved academic requirements as a part of this application or prior to enrollment.

Date _____

Signature _____

RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: _____ **Date of Graduation:** _____
(Last, first, middle or maiden)

Actual Date of Didactic Program in Dietetics (DPD) Requirements was completed: _____

The applicant should sign and date one of the following statements:

- 1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature _____ Date _____

- 2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature _____ Date _____

RECOMMENDATION FORM

Name: _____ Date of Graduation: _____

Please rate the applicant on the qualities that you feel you can judge on the grid below. Provide narrative discussion of ratings on page 2.

O - outstanding, MS - more than satisfactory,
SAT - satisfactory, NI - needs improvement, U - unsatisfactory
NO - not observed or no basis for judgment

	O	MS	SAT	NI	U	NO
Application of Knowledge						
Nutrition Care						
Foodservice Management						
Analytical Skills/Problem Solving						
Conceptual Skills						
Communication Skills						
Oral						
Written						
Interpersonal Skills						
Peers/Co-Workers						
Teachers/Supervisors						
Leadership Potential						
Initiative						
Adaptability						
Reaction to Stress						
Motivation						
Creativity						
Forethought						
Works Independently						
Responsibility/Maturity						
Overall Potential as a Dietitian						

1) Relationship to Applicant: _____ Advisor _____ Teacher _____ Work Supervisor
_____ Other: Please Indicate _____

2) How long have you known applicant? _____

3) How well do you know applicant? _____

4) Do You: _____ Highly Recommend _____ Recommend _____ Not Recommend

(Circle appropriate #) 5 4 3 2 1

Recommendation Form

Additional Information: Use to amplify or add to characteristics rated on reverse side.

Please indicate applicant's strengths and those qualities that require further development. (May attach a separate sheet/letter)

Strengths:

Qualities that Require Further Development:

Name (please print or type) _____

Signature _____ **Date** _____

Position _____

Place of Employment _____

Address _____

Phone _____

